**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZA	ΓΙΟΝ		
1 Ottown 1	(See instructions)			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
The American	Occupational Therapy Association	ı, Inc. Political Action		
ADDRESS (number and s	treet) 4720 Montgomery Land	e 		
(Check if address is changed)	PO Box 31220	<u> </u>	11111	1111111
	Bethesda	لتتتتينا	MD	20824   -   1220
	С	ITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-ma	il address)		
(Check if address is changed)	aotpac@aota.org			
				11111111
(Check if address is changed)	PAGE ADDRESS (URL)  www.aota.org/aotpac LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER C	C00089086		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my knowle	edge and belief it is true, correct an	d complete	
	Christina A. Metzle			
Type or Print Name of	TreasurerChristina A. Metzie	<u> </u>		
Signature of Treasurer	Electronically Filed by Christina A.	Metzler	Date 03	18 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may su		·	-
Office		For further information of		
Use Only		Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)